



PTO/SB/17 (8/96)		COMPLETE IF KNOWN	
FEE TRANSMITTAL		Application Number	09/981,246
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	10/16/2001
		First Named Inventor	Richard A. Davis
		Group Art Unit	3611
		Examiner Name	Anne Marie M. Boehler
Total Amount of Payment (\$)		Attorney Docket Number	4476-00003
86.00			
METHOD OF PAYMENT (check one)		FEE CALCULATION (Estimated)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		RECEIVED	
Deposit Account Number: 01.2000		MAR 5 - 2004	
ANDRUS, SCEALES, STARKE & SAWALL, LLP		GROUP 3600	
<input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17			
<input type="checkbox"/> The Commissioner is hereby authorized to charge the issue fee and any additional fees required under 37 C.F.R. 1.18 to the above Deposit Account.. A duplicate copy hereof is enclosed.			
2. <input checked="" type="checkbox"/> Payment Enclosed:			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION (fees effective 10/01/96)			
1. FILING FEE			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. CLAIMS			
Total claims	Extra	Fee from below	Fee Paid
18 -	59 =	X	=
Independent Claims	7 -	5 =	2 X \$43 = \$86
Multiple Dependent Claims		X	=
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2001 43	Independent claims in excess of 3	
1203 290	2003 145	Multiple dependent claim	
1204 86	2004 43	Reissue independent claims over original patent	
1205 18	2205 9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		86.00	
		* Reduced by Basic Filing Fee Paid	
SUBTOTAL (3)			
SUBMITTED BY			
Name (Print/Type)	Michael E. Taken	Registration No.	28,120
Signature	Michael E. Taken	Telephone	(414) 271-7590
		Date	2/26/04

Please type a plus sign (+) inside this box [+]

Patent and Trademark Office: U.S. Department of Commerce

0001/PTO Rev. 10/95 MAR 01 2004 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	U.S. Department of Commerce Patent and Trademark Office	Application Number Filing Date First Named Inventor Group Art Unit Examiner Name	09/981,246 10/16/2001 Richard A. Davis 3611 Anne Marie M. Boehler
Total Number of pages in this Submission	17	Attorney Docket Number	4476-00003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37.1.52 or 1.53 <input type="checkbox"/> Request to Rescind Previous Nonpublication Request	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below) Return receipt postcard
REMARKS:		RECEIVED MAR 5 - 2004 GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Michael E. Taken (Reg. No. 28,120) ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	<i>Michael E. Taken</i>
Date	2/26/04

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Mail Stop - No Fee, P.O. Box 1450, Alexandria, VA 22313-1450 on the 26th day of February, 2004.			
Typed or printed name	Jo Ellen Bullock		
Signature	<i>Jo Ellen Bullock</i>	Date	2-26-04